



**Starting 3/3/2014, Vermont Medicaid will accept the CMS-1500 version 02/12 paper claim form.**

For the CMS-1500 version 02/12 paper claim form, the following billing instruction changes will need to be followed in order for your claim to process correctly:

- Field 15 (Accident Date) – Must be entered in field 15 using the qualifier “439”. (The accident date was in field 14 on the 08/05 form.)
- Field 17 (Name of Referring Provider or other source) – Until further notice, use qualifier “DN” only. Example: If you are entering an ordering physician, do not use the ordering qualifier; use the “DN” qualifier. \*
- Field 21 (ICD Indicator) – Enter a “9” if you are using ICD-9 diagnosis codes. Enter a “0” if you are using ICD-10 diagnosis codes. (NOTE: ICD-10 codes are not valid until 10/1/2014.)
- Field 21 (Diagnosis codes A-L) –Now able to enter up to 12 diagnosis codes in this field. (NOTE: The pointer character has changed from numbers to letters.)
- Field 24-E (Diagnosis Pointers) –Must now use the corresponding letter to denote which diagnosis code(s) you are pointing to.

\* **Note:** VT Medicaid is looking at acceptance of the Supervising and Ordering Physician qualifiers, (DQ and DK) for field 17 once policy decisions have been determined.

At this time, Vermont Medicaid has not adopted any other changes in the new CMS-1500 version 02/12 paper claim form. Please see future banners for more information.

<http://www.vtmedicaid.com/Information/whatsnew.html>

Finally, Vermont Medicaid will continue to accept the CMS-1500 version 08/05 paper claim form if received through 3/31/2014. **Starting with claims received on 4/1/2014, only the new CMS-1500 version 02/12 paper claim will be accepted.**

**These changes do not affect electronic billing.** Please continue to bill as directed in the Provider Manual.